



Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.

I/We RAVENPINE LIMITED (insert name(s) of applicant)
apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description <u>19-20 MELBOURNE STREET LEEDS</u>	
Post town <u>LEEDS</u>	Post code <u>LS2 7RS</u>

Telephone number of premises (if any)

Non domestic rateable value of premises

Part 2 – Applicant Details

Please state whether you are applying for the licence as:

- | | |
|---|---|
| | Please tick <input checked="" type="checkbox"/> yes |
| a) an individual or individuals* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |

- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

*If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - Statutory function or
 - A function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname First names

I am 18 years old or over Please tick yes

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	RAVENPINE LIMITED
Address	STUDIO 11-12 WHITE CLOTH STUDIOS (FORMERLY AIRSIDE HALL) 24-26 AIRE ST LEEDS LS1 4HT.
Registered number (where applicable)	2316059
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	0113 2181920
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

Please give a general description of the premises (please read guidance note 1)

COMMUNITY EVENT SPACE OPERATED AS PART OF THE MELBOURNE STREET STUDIOS CREATIVE HUB. SEE SUPPORTING APPLICATION DOCUMENT DATED 12/7/12

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

N/A.

What licensable activities do you intend to carry on from the premises?
 (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick yes

Provision of regulated entertainment

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performance of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	0900	0400	Please give further details here (please read guidance note 3) PLAYS FORM PART OF A REGULAR PROGRAMME OF EVENTS PROMOTED BY THE VENUE	Both	<input type="checkbox"/>
Tue	0800	0400			
Wed	0900	0400	State any seasonal variations for performing play (please read guidance note 4)		
Thur	0900	0400			
Fri	0900	0400	Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	0900	0400			
Sun	0800	0400			

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of a films take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	0900	0400	Please give further details here (please read guidance note 3) FILMS FORM PART OF A REGULAR PROGRAMME OF EVENTS PROMOTED BY THE VENUE	Both	<input type="checkbox"/>
Tue	0900	0400			
Wed	0900	0400	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	0900	0400			
Fri	0900	0400	Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	0900	0400			
Sun	0900	0400			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			
Fri			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list. (please read guidance note 5)
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)	
Thur				
Fri				
Sat				
Sun			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)	
			Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list. (please read guidance note 5)	

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	AMPLIFIED MUSIC		
Mon	0800	0400			
Tue	0800	0400	Please give further details here (please read guidance note 3) REQUIRED FOR PRIVATE HIRE + CHARITY EVENTS AND PARTIES FOR BOTH ADULT + CHILD FRIENDLY FUNCTIONS		
Wed	0900	0600			
Thur	0700	0600	State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri	0800	0400			
Sat	0800	0400	Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list. (Please read guidance note 5)		
Sun	0800	0400			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	AMPLIFIED MUSIC		
Mon	0800	0400			
Tue	0900	0400	Please give further details here (please read guidance note 3) REQUIRED FOR PRIVATE HIRE + CHARITY EVENTS AND PARTIES FOR ADULT + CHILD FRIENDLY FUNCTIONS		
Wed	0800	0400			
Thur	0900	0400	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Fri	0800	0400			
Sat	0800	0400	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sun	0800	0400			

G

Performance of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	AMPLIFIED MUSIC	Both	<input type="checkbox"/>
Mon	0800	0400		Please give further details here (please read guidance note 3) DANCE FORS PART OF A REGULAR PROGRAMME OF EVENTS PROMOTED BY THE VENUE	
Tue	0800	0400			
Wed	0900	0400	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	0900	0400			
Fri	0800	0400	Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat	0800	0400			
Sun	0800	0400			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
			Will the entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon				Please give further details here (please read guidance note 3)	
Tue					
Wed			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat					
Sun					

Provision of facilities for making music Standard day and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
			Will the facilities for making music be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	APPLICABLE MUSIC	
Mon	0800	0400		
			Please give further details here (please read guidance note 3)	
Tue	0800	0400	EVENT AND TUITION PROGRAMMES FOR NEW ARTISTS TO SHOWCASE AND PRACTICE	
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Wed	0800	0400		
Thur	0900	0400		
			Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5)	
Fri	0900	0400		
Sat	0800	0400		
Sun	0800	0400		

Provision of facilities for dancing Standard timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	
			Indoors	
			<input checked="" type="checkbox"/>	
			Outdoors	
			<input type="checkbox"/>	
			Both	
			<input type="checkbox"/>	
Day	Start	Finish	APPLICABLE MUSIC.	
Mon	0900	0400		
			Please give further details here (please read guidance note 3)	
Tue	0900	0400	DANCING FOR LOCAL GROUPS AND PRIVATE HIRE FUNCTIONS AS PART OF THE REGULAR EVENTS PROGRAMME	
			State any seasonal variations for providing dancing facilities (please read guidance note 4)	
Wed	0800	0600		
Thur	0900	0600		
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5)	
Fri	0900	0400		
Sat	0900	0400		
Sun	0800	0400		

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the entertainment facility be place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors <input type="checkbox"/>
			Day	Start	Finish																							
			Mon																									
Tue																												
Wed																												
Thur																												
Fri																												
Sat																												
Sun																												
Outdoors <input type="checkbox"/>																												
Both <input type="checkbox"/>																												
			Please give further details here (please read guidance note 3)																									
			State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)																									
			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list. (please read guidance note 5)																									

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td>2300</td><td>0330</td></tr> <tr><td>Tue</td><td>2300</td><td>0330</td></tr> <tr><td>Wed</td><td>2300</td><td>0330</td></tr> <tr><td>Thur</td><td>2300</td><td>0330</td></tr> <tr><td>Fri</td><td>2300</td><td>0330</td></tr> <tr><td>Sat</td><td>2300</td><td>0330</td></tr> <tr><td>Sun</td><td>2300</td><td>0330</td></tr> </tbody> </table>			Day	Start	Finish	Mon	2300	0330	Tue	2300	0330	Wed	2300	0330	Thur	2300	0330	Fri	2300	0330	Sat	2300	0330	Sun	2300	0330	Indoors <input checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>
			Day	Start	Finish																							
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Sat	2300	0330																										
Sun	2300	0330																										
Both <input checked="" type="checkbox"/>																												
Please give further details here (please read guidance note 3)																												
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)																									
			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the column on the left, please list. (please read guidance note 5)																									

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption on or off the premises or both – please tick <input checked="" type="checkbox"/> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	0800	0330	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	0800	0330			
Wed	0800	0330			
Thur	0700	0330	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Fri	0800	0330			
Sat	0800	0330			
Sun	0800	0330			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name **ELIZABETH ANGE**

Address **153D ROUNDHAY ROAD
LEEDS.**

Postcode **LS8 5AJ.**

Personal licence number (if known) **PRL - 06526/12**

Issuing licensing authority (if known) **LEEDS CITY COUNCIL**

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

THE EXHIBITION OF A FILM WITH
RESTRICTED AGE LIMITS.

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	0900	0400	Non standard timings. Where you intend to open the premises to be open to the public at different times from those listed in the column on the left, please list. (please read guidance note 5)
Tue	0900	0400	
Wed	0900	0600	
Thur	0800	0600	
Fri	0800	0600	
Sat	0900	0600	
Sun	0700	0400	

P

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d, e) (please read guidance note 9)

PLEASE SEE SUPPORTING DOCUMENT DATED
12/7/12 LICENSING OBJECTIVES AND
MANAGEMENT STRATEGY. SECTIONS

b) The prevention of crime and disorder

PLEASE SEE SUPPORTING DOCUMENT DATED
12/7/12 MANAGEMENT STRATEGY +
SECURITY SECTIONS.

c) Public safety

PLEASE SEE SUPPORTING DOCUMENT DATED
12/7/12 MANAGEMENT STRATEGY. SECURITY
TARGET AUDIENCE + ACTIVITIES SECTIONS.

d) The prevention of public nuisance

PLEASE SEE SUPPORTING DOCUMENT DATED
12/7/12 MANAGEMENT STRATEGY. SECURITY
USAGE AND NOISE CONTROL. SECTIONS

e) The protection of children from harm

PLEASE SEE SUPPORTING APPLICATION DOCUMENT
DATED 12/7/12 MANAGEMENT STRATEGY
TARGET AUDIENCE ~~SECTIONS~~ CHILD
PROTECTION POLICY, ~~SECTIONS~~. UNDER
LICENSING OBJECTIVES.

Appendix

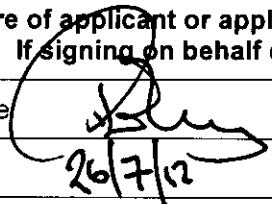
Please tick Yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature 	P. E. NATHAN-GARY
Date	26/7/12
Capacity	APPLICANTS AGENT

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)

PAUL NATHAN-GARY
 VEKTOR INVESTMENTS MANAGEMENT LTD
 STUDIO 11-12 WHITE CLOTH STREET
 24-26 A-DE STREET

Post town	LEEDS
Post code	LS1 4HT
Telephone number (if any)	0113 2181922
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	
PAUL@VEKTOR.UK.COM (SMALL CASE)	